

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 75Primary Registration District No. 3015Registrar's No. 68

STATE FILE NUMBER

FILED JUL 11 1962

62-022363

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>CLINTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>COLO</u> b. COUNTY <u>BOULDER</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMERON</u> | | c. CITY OR TOWN <u>JAMES TOWN</u> | |
| c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>CAMERON HOSPITAL</u> | | d. STREET ADDRESS (If outside, give location) <u>JAMES TOWN</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM MACK STEWART</u> | | 4. DATE OF DEATH Month Day Year <u>JULY 5 - 1962</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-31-1892</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>DAVIESS COUNTY MO</u> | |
| 13a. FATHER'S NAME <u>E.J. STEWART</u> | | 13b. MOTHER'S MAIDEN NAME <u>BELLE WARD</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 17. INFORMANT <u>MRS O.B. STRASSER, WINSTON MO</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Coronary arteriosclerosis</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>10 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hydrothorax on it.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u> <u>10 yrs.</u> <u>10 yrs.</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from <u>7-5-62</u> to <u>7-5-62</u> and last saw <u>him</u> live on <u>7-5-62</u> | | 21. Death occurred at <u>3:26</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>D.S. Compton MD</u> | | 22b. ADDRESS <u>Cameron, Mo</u> | |
| 22c. DATE SIGNED <u>7-7-62</u> | | 22d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 23b. DATE <u>7-7-62</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>WINSTON</u> | | 23d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u> | |
| 24. FUNERAL DIRECTOR <u>Virgil T. Stroup Winston Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-7-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Francis D. Brainerd</u> | | 26. REGISTRAR'S SIGNATURE <u>Francis D. Brainerd</u> | |

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1962
JUL 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold W. Strong

Licensed Embalmer No. 4074

P. O. Address Winston, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.